

## **APPLICATION FOR VARIANCE**

State Form 44400 (R7 / 10-13) Approved by State Board of Accounts, 2013

INDIANA DEPARTMENT OF HOMELAND SECURITY
CODE SERVICES SECTION
302 West Washington Street, Room W246
Indianapolis, IN 46204-2739
http://www.in.gov/dhs/fire/fp\_bs\_comm\_code/



INSTRUCTIONS:	Please refer to the attached four (4) page instructions.  Attach additional pages as needed to complete this application.	Variance number (Assign	ned by department)		
		17-04-56			
1. APPLICANT IN	FORMATION (Person who would be in violation if variance is not gram	ted; usually this is the owner)			
Name of applicant		Title			
Charles Thomp		Bishop			
Name of organization		Telephone number	Telephone number		
Catholic Diocese of Evansville		(812) 424-5536	(812) 424-5536		
	street, city, state, and ZIP code)				
	ky Ave, P.O. Box 4169, Evansville, IN 47724				
	NITTING APPLICATION ON BEHALF OF THE APPLICANT (If not submit	tted by the applicant)			
Name of applicant		Title			
Sally Sternberg	,	Associate Superin	Associate Superintendent		
Name of organization		Telephone number	<del></del>		
	Catholic Diocese of Evansville		(812) 424-5536		
Address (number and	Address (number and street, city, state, and ZIP code)				
4200 N Kentuck	ky Ave, P.O. Box 4169, Evansville, IN 47724				
3. DESIGN PROFE	ESSIONAL OF RECORD (If applicable)				
Name of design profes	sional	License number			
			•		
Name of organization	·	Telephone number			
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Address (number and	street, city, state, and ZIP code)	/	· · · · · · · · · · · · · · · · · · ·		
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4. PROJECT IDEN	TIFICATION				
Name of project		State project number	County		
Classroom Doors - Good Shepherd Catholic School			Vanderburgh		
Address of site (number and street, city, state, and ZIP code)					
2301 N. Stockwell Road, Evansville, IN 47715-0169					
Type of project					
□ New	☐ Addition ☐ Alteration ☐ Change of occupancy				
5. REQUIRED ADDITIONAL INFORMATION					
The following required information has been included with this application (check as applicable):					
A check made payable to the Indiana Department of Homeland Security for the appropriate amount. (see instructions)					
One (1) set of plans or drawings and supporting data that describe the area affected by the requested variance and any proposed alternatives.					
☐ Written documentation showing that the local fire official has received a copy of the variance application.					
Written documentation showing that the local building official has received a copy of the variance application.					
6. VIOLATION INFORMATION					
Has the Plan Review Section of the Division of Fire and Building Safety issued a Correction Order?					
☐ Yes (If yes, attach a copy of the Correction Order.) ☐ No					
Has a violation been issued?					
Yes (If yes, attach a copy of the Violation and answer the following.) No					
Violation issued by:		777			
☐ Local Building Department ☐ State Fire and Building Code Enforcement Section ☐ Local Fire Department					

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7. DESCRIPTION OF REQUESTED VARIANCE Name of code or standard and edition:involved	Specific code section			
2008 IFC	703.2			
Nature of non-compilance (include a description of spaces, equipment Classroom doors are propped open during student are doors leading to storage and paritry are propped open	ival, transitions between classes, indoor r	ecess, and tutoring situations. Cafeteria		
8. DEMONSTRATION THAT PUBLIC HEALTH, SAFETY,	AND WELFARE WILL BE PROTECTED			
Select one of the following statements:				
Non-compliance with the rule will not be adverse to the public health, safety or welfare; or				
Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting of the variance will not be adverse to public health, safety, or welfare. Explain why alternative actions would be adequate (be specific).				
Facts demonstrating that the above selected statement is true:  The school is willing to take measures to ensure the s and are ciruclating through the hallways and classroot time are responsible for exiting occupants from the bu wardens at each grade level that are trained to close t being closed.	ms at these times. I hus in the event or a oliding and ensuring that the doors are clo	sed. There are also multiple junior fire		
9. DEMONSTRATION OF UNDUE HARDSHIP OR HISTORY Select at least one of the following statements:  Imposition of the rule would result in an undue hardship Imposition of the rule would result in an undue hardship Imposition of the rule would result in an undue hardship Imposition of the rule would result in an undue hardship Imposition of the rule would prevent the preservation of a facts demonstrating that the above selected statement is true; Supervision of students requires that classroom door on duty during these indicated times, we do not have the specified times of student arrival, indoor recess, a time between classes, while teachers are in the hallwedges during this time allows for the potential of students.	funusual difficulty) because of physical limitation (unusual difficulty) because of major operational (unusual difficulty) because of excessive costs of an architecturally or a historically significant part is be propped open during the requested the enough staffing, or financial resources, the first school tutoring. Logistically, having a for supervision, allows for viewing of the property of the property which is not able to be more than the property of th	problems in the use of the building or structure.  If additional or altered construction elements.  If the building or structure.  Image: While we have multiple teachers or have an adult in each classroom during ing the doors open during the transition classroom activities as well. Closing the positored by the teacher. Youth Protection		
policies in the Diocese of Evansville requires that tea Cafeteria pantry and storage doors are opened durin	chers have the classroom door open and	be Alaibie itt all fotoling alfoagolia.		
10. STATEMENT OF ACCURACY				
I hereby certify under penalty of perjury that the infor	nation contained in this application is acc			
Signature of applicant or person submitting application  August Husburg  Signature of design professional (if applicable)	Please print name Sally L. Sternberg Please print name	Date of signature (month, day, year) April 10, 2017 Date of signature (month, day, year)		
		<u> </u>		
11. STATEMENT OF AWARENESS (If the application is				
I hereby certify under penalty of perjury that I am aware				
Signature of applicant	Please print name Charles Thompson	Date of signature (month, day, year)		

**Good Shepherd Catholic School** 

7:10-7:30- Daily Arrival- Each teacher in homeroom

11:05-11:30- K-2 Recess- 3 staff members on duty covering 6 classrooms

11:35-12:00- 3-5 Recess- 3 staff members on duty covering 6 classrooms

Tutoring occurs mostly after school (2:30 and later), but there are times throughout the school day where a teacher is working with a student one-on-one in their classroom.

